ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10098017465805002)

Claim Date : 24/05/2019

EMPLOYEES' PROVIDENT FUND SCHEME, 1952

(PARA 57)

(This form has been printed on the basis of Online Transfer Claim Form filled up by the member under Unified Portal for submission to the employer.)

To,
The Regional P.F. Commissioner,
HYDERABAD,
Bhavishyanidhi Bhawan, No. 3-4-763, Barkatpura Chaman, Hyderabad

Sir,
I request that my Provident Fund balance along with my Pension Service Details may please be transferred to my present account under intimation to me. My details are as under :

PART A : PERSONAL

1.	Name	: SOUMYA C
2.	Mobile Number	: 9611530395
3.	E-mail id	: soumya.india04@gmail.com
4.	Bank Account Number	: 396053000064944
5.	Bank IFSC	: SIBL0000396

PART B : DETAILS OF PREVIOUS PF ACCOUNTS (WHICH IS TO BE TRANSFERRED)

1.	PF Account No. (with EPFO	: APHYD00560700000316495
2.	Name of the Establishment	: AEGIS LTD
3.	Address of the Establishment	: 3RD FLOOR,VARUN TOWERS II BEGUMPET,HYDERABAD-500016 HYDERABAD-16 617
4.	PF A/C No. held by	: HYDERABAD
5.	Name of the Trust	: NOT APPLICABLE
6.	PF A/C No. in Trust	: NOT APPLICABLE
7.	Bank A/C No. of Trust	: NOT APPLICABLE
8.	IFS Code of the Bank Branch of Trust where account is	: NOT APPLICABLE
9.	Member's Name	: SOUMYA C
10.	Date of Birth	: 04/11/1994
11.	Father's/Spouse Name	: CHIDHAMBARAM
12.	Relationship	: FATHER
13.	Date of joining	: 15/12/2016
14.	Date of leaving	: 31/08/2017

PART C : DETAILS OF PRESENT PF

1.	PF Account No. (with EPFO	: PYBOM00468320000112758
2.	Name of the Establishment	: ALTISOURCE BUSINESS SOLUTIONS PVT. LTD.,
3.	Address of the Establishment	: PRITECH PARK S NO 51-64/4 12TH 3&5 FLOOR A WING & 4TH FLR SARJAPUR BANGALORE 656
4.	PF A/C No. held by	: SRO BOMMASANDRA
5.	Name of the Trust	: NOT APPLICABLE
6.	PF A/C No. in Trust	: NOT APPLICABLE
7.	Bank A/C No. of Trust	: NOT APPLICABLE
8.	IFS Code of the Bank Branch of Trust where account is	: NOT APPLICABLE
9.	Member's Name	: SOUMYA C
10.	Date of Birth	: 04/11/1994
11.	Father's/Spouse Name	: CHIDHAMBARAM
12.	Relationship	: FATHER
13.	Date of joining	: 04/04/2019

I, Certify that all the information given above are true to the best of my knowledge and I have ensured the correctness of my present and previous account numbers.

Signature of the member

Note : Member should take a printout of this form and a signed copy of the same should be submitted to the Present Establishment i.e. ALTISOURCE BUSINESS SOLUTIONS PVT. LTD.,